



Maryland Department of Health and Mental Hygiene

Office of Food Protection and Consumer Health Services

Permits & Licenses • (410) 767-8444 • FAX (410) 333-8931

6 St. Paul Street, Suite 1301 • Baltimore, Maryland 21202

RENEWAL APPLICATION FOR MARYLAND CERTIFIED INDUSTRY DAIRY FARM INSPECTORS PERMIT

Instructions:

1. Complete and sign application.
2. Send check or money order for annual, non-refundable \$10.00 permit fee. (Do not send cash).
Permit fee is payable to Maryland D.H.M.H
3. Mail payment and completed application to above address.

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

E-mail: _____

FEIN or SSN: _____

Are you currently certified by any other state? ☐ Yes ☐ No

If "yes", which state: _____

CURRENT EMPLOYER:

Provide full name and address of employer:

Name: _____

Address: _____

Length of time in present position? _____

Phone #: _____

Application is hereby made for a Certified Industry Dairy Farm Inspector Permit in accordance with Health-General Article 21, Subtitle 4, of the Annotated Code of Maryland. I understand that issuance of this Permit is conditional on my consent to allow evaluations as necessary, to determine compliance with Applicable Laws and Regulations. I also understand that failure to allow evaluations, may result in suspension or revocation of this permit.

Signature

Date

DO NOT WRITE BELOW THIS LINE

DATE RECEIVED: _____

CHECK #: _____

AMOUNT: _____

PERMIT #: _____

EXPIRATION DATE: _____

SERIAL #: _____

DATE ISSUED: _____

DMC APPROVAL: _____

DATE OF APPROVAL: _____

